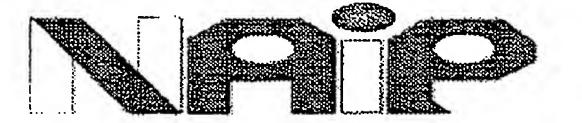
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Serial No.: 10/605,513

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Subject: Request For Continued Examination (RCE)

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PTO/S9/17 (12-04u2)

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Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Effective un 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818) 10/605,513 **Application Number FEE TRANSMITTAL** 10/05/2003 Filing Date For FY 2005 Chen Ou First Named Inventor Mondt, Johannes P Examiner Name Applicant claims small entity status. See 37 CFR 1.27 3663 Art Unit (\$) 300.00 KYCP0011USA TOTAL AMOUNT OF PAYMENT Attorney Docket No. METHOD OF PAYMENT (check all that apply) Money Order Check I Credit Card None Other (please identify): Deposit Account Deposit Account Number: 50-3105 Deposit Account Name: North America Intellectual Property Corporation For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) Indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES **EXAMINATION FEES** Small Entity Small Ensity Small Entity Fees Paid (\$) Application Type Feq (\$) Foo (\$) Fee (\$) Fee (\$1 Fee (S) 300 Utility 150 500 200 250 100 200 100 100 Design 50 130 65 200 Plant 100 300 160 150 80 Reissue 300 150 500 250 600 300 200 Provisional 100 Û 0 Small Entity 2. EXCESS CLAIM FEES Fee (\$) Fee (\$)

Fee Description 50 25 Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) 100 200 Multiple dependent claims 360 180 Total Claims Multiple Dependent Claims Extra Claims <u>Fee (\$)</u> Fee Paid (\$) 300.00 - 20 or HP = 50.00 26 Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20 Fee Paid (\$) <u>Indep. Claims</u> Extra Claims Fee (\$) -3 or HP = HP = highest number of Independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(0) and 37 CFR 1 16(s).

Total Sheets

Number of each additional 50 or fraction thereof

Other (e.g., late filing surcharge): SUBMITTED BY Collailor totoca Registration No. Telephone 41,526 3027291562 Signature (Allorney/Agent) Winston Hsu Date 6/30/2006 Name (Print/Type)

\$130 fee (no small entity discount)

- 100 =

Non-English Specification,

4. OTHER FEE(S)

(round up to a whole number)

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